

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	DID	DEP	DID	DEP	DID	DEP
1	/					
2						
3						
4						
5						
6						
7						
8						
9						
10	2					
11	1					
12	1					
13						
14						
15						
16	1					
17	1					
18	2					
19	2					
20	2					
21	2					
22	2					
23	2					
24	2					
25	2					
26	1					
27	3					
28	3					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL DID.	2					
TOTAL DEP.						
TOTAL CLAIMS	55					

	CLAIMS		CLAIMS		CLAIMS	
	DID	DEP	DID	DEP	DID	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
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96						
97						
98						
99						
100						
TOTAL DID.						
TOTAL DEP.						
TOTAL CLAIMS	55					

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6